

## **INTENTION TO PROPOSE NOTIFICATION**

**TO:** NNSA Service Center  
Acquisition Division  
P.O. Box 5400  
Albuquerque, NM 87185-5400  
ATTN: Geraldine Duran

**FAX No.: (505) 284-7122 or (505) 845-4379**

**FROM:**

\_\_\_\_\_  
(Firm's Name)

\_\_\_\_\_  
(Authorized Signature and Date)

\_\_\_\_\_  
(Typed/Printed Name and Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP Code)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(CAGE Code)

\_\_\_\_\_  
(DUNS)

Please be advised that \_\_\_\_\_ plans to submit a proposal to the NNSA in response to Solicitation No. DE-RP52-05NA99344.

**RESUME FORMAT**

1. **Name:** \_\_\_\_\_
2. **Key Personnel Position:** \_\_\_\_\_
3. **Proposed Labor Category:** \_\_\_\_\_
4. **Education** (identify degree, year obtained, discipline, and university attended):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. **Professional Experience Summary** (start with current position and work backwards to describe previous work experience): 1) Address year(s)/month(s) held; title of position; company name; duties, responsibilities, and accomplishments; and 2) include a brief summary of all general and relevant experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Technical Qualifications** (include special skills, relevant training, and courses; plus professional affiliations, credentials, and/or publications):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Department of Energy/NNSA Security Clearance Level:**  
\_\_\_\_\_

RESUMES MUST NOT EXCEED TWO (2) PAGES IN LENGTH

NOTE: SPECIAL INSTRUCTIONS REGARDING THE PROPER SUBMISSION OF RESUMES AND LETTERS OF INTENT CAN BE FOUND IN SECTION L OF THE SOLICITATION.

(Attach a Letter of Intent to Resume for each Key Personnel Position)

## REFERENCE INFORMATION FORM

NAME OF OFFEROR:

[illegible]

### **Instructions for Completing the Reference Information Sheet**

- Item 1. Insert the complete name and address of the customer, including parent organization, if any. Do not use acronyms.
- Item 2. Insert the customer's complete address, including both post office box and street addresses, if applicable.
- Item 3. Insert any contract number or other contract reference used by the customer.
- Item 4. Insert the date on which the contract came into existence.
- Item 5. Insert the date on which you started to perform the work.
- Item 6. Insert the date on which the customer agreed that the work was satisfactorily completed (including substantial completion), aside from any pending or on-going administrative actions, claims negotiations, or litigation. If the contract has not ended, place "continuous" here.
- Item 7. Insert the price, estimated cost and fee, or target cost and profit or fee as it appeared in the original contract. If the contract included multiple, separately-priced items, add the individual item amounts and insert the total price, estimated cost and fee, or target cost and profit or fee.
- Item 8. Insert the final sum of all invoices, or the sum of all invoices to date, including agreed upon and disputed amounts, paid and awaiting payment.
- Item 9a. Insert the name, title, company/agency, address, telephone no., and e-mail address (if available) of the program or project manager, quality assurance representative, or other customer technical representative who is most familiar with the quality of your work under the contract.
- Item 9b. Insert the name, title, agency, address, telephone no., and e-mail address (if available) of the Contracting Officer, purchasing agent, or other customer contracting or purchasing representative who is most familiar with your work under the contract.
- Item 9c. Reserved.
- Item 10. Insert the location(s) where the work was performed, including the country (if other than the United States) and the state or province, county (if applicable), and city.
- Item 11. Describe the nature and scope of the work. The objective is to shown how the work that you did or are doing is similar in nature and scope to the work that is to be performed under the contract contemplated by the request for proposals. Describe any unusual circumstances of performance or problems that may be relevant to the work that is to be performed. The Offeror may also provide information on problems encountered on the identified contracts and the Offeror's corrective actions. Tell your side of the story of any conflicts with the customer concerning which they may make adverse remarks about your performance. Describe any actions that you have taken or plan to take to correct any shortcomings in your performance. In addition, the Offeror may describe any recognized accomplishments or awards that the Offeror has received on the identified contracts.

## PAST PERFORMANCE QUESTIONNAIRE

### **CONTRACT IDENTIFICATION**

1. Contractor (Company/Division):  
\_\_\_\_\_
2. Contract Number: \_\_\_\_\_
3. Brief Description of Requirement (Supplies/Services):  
\_\_\_\_\_
4. Contract Type: \_\_\_\_\_
5. Period of Performance (Basic and any options):  
\_\_\_\_\_
6. Unusual Contract Features or Conditions:  
\_\_\_\_\_
7. Award Information:
  - (a) Competitive Award: \_\_\_\_\_Yes \_\_\_\_\_No
  - (b) Basis for Selection, i.e., 1) Technically Acceptable/Lowest Reasonable Cost/Price, 2) Best Value – Specify relative order of importance of evaluation criteria, 3) Technical, 4) Cost or Price, 5) Other:  
\_\_\_\_\_  
\_\_\_\_\_
8. Contract Revisions:

Were there any requirement de-scopes, partial terminations, major waivers/ deviations, or other important changes to the contract terms and conditions? Why did they occur? Were any due to poor Contractor performance? What were the adverse impacts to program goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Contract Value:

	Initial Amount	Current Amount*
Estimated Cost	\$	\$
Fixed Price	\$	\$
Fee/Profit	\$	\$
Total Value	\$	\$

\*Should reflect any contract value increases/decreases since initial contract award

## II. PAST PERFORMANCE EVALUATION

Please rate the Contractor as "Outstanding" (O), "Good" (G), "Adequate" (A), "Poor" (P), "Unacceptable" (U), or "Not Applicable" (N/A) in the following areas. Please give a short narrative as to why you chose the adjective you did, especially for those areas which are other than "adequate."

### A. QUALITY OF PRODUCT OR SERVICES

1. Overall performance in planning and controlling the program from a technical, cost, and business management perspective.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

2. Quality of services and support provided.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

3. Content and accuracy of technical, business, cost and/or other reports.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

4. Compliance with contract terms and conditions.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

### B. TIMELINESS OF PERFORMANCE

1. Timely completion of interim milestones on tasks.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

2. Timely completion of final deliverables on tasks.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

3. Timeliness of technical, business, cost and/or other reports.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

4. Reliability.

Percentage of time the Contractor meets interim milestones, final deliverables, and reporting requirement schedules.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

### C. COST CONTROL

1. Adherence to estimated costs and contract cost targets.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

2. Adherence to estimated costs on individual Task Orders/assignments.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

3. Cost Growth

Rating\_\_\_\_\_ Comment\_\_\_\_\_

4. Were there any contract revisions that impacted the contract value adversely, and what were they due to?

Rating\_\_\_\_\_ Comment\_\_\_\_\_

5. Cost overrun and change proposals submitted reasonably priced and contained all appropriate supporting documentation.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

6. Invoice submissions are current, accurate, complete, and submitted with all appropriate supporting documentation.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

7. Does the Contract have ceiling rates? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what are the rates and what were they applied to? \_\_\_\_\_

Has the Contractor overrun the rates? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. Total amount of contract value increases:

a. Changes made by your organization: \$\_\_\_\_\_

b. Cost growth due to Contractor: \$\_\_\_\_\_

c. Increases in contract scope: \$\_\_\_\_\_

d. Other causes (please explain): \_\_\_\_\_

D. BUSINESS PRACTICES

1. Please comment on the strong and weak points of the Contractor's performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Contractor's skills in efficiently and effectively allocating and directing personnel and resources.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

3. Contractor's ability in developing and managing subcontracts and consulting agreements.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

4. Contractor's effective use of small/small disadvantaged business subcontracting.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

5. Contractor's reasonable and cooperative behavior, flexibility, as well as their responsiveness to inquiries from your organization's technical and contract representatives.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

6. Contractor demonstrates businesslike concern for your organization's interests.

Rating\_\_\_\_\_ Comment\_\_\_\_\_

#### E. CUSTOMER SATISFACTION

1. Please comment on the overall satisfaction of your organization's technical monitors with final reports and products.

\_\_\_\_\_

\_\_\_\_\_

#### III. RESPONDENT INFORMATION

1. Name of Evaluator(s): \_\_\_\_\_

2. Position Title: \_\_\_\_\_

3. Organization Name and Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. Your Role in the Program/Contract: \_\_\_\_\_

7. Length of Involvement in this Program/Contract: \_\_\_\_\_

8. Date Questionnaire Completed: \_\_\_\_\_

*Thank you for completing this important questionnaire. Please return the questionnaire by any method as follows:*

Mailing Address:

NNSA Service Center

Attention: Cathy Harman, OBS/AD

P.O. Box 5400

Albuquerque, NM 87185

Fax: (505) 845-4210

Email: charman@doeal.gov